APPLICATION FOR ADOPTION OF A CHILD

I. <u>IDENTIFYING INFORMATION</u>

APPLICANT 1								
LAST NAME		FIRST NAME	MIDDLE NAM	E	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER	
DRIVER LICENSE NO.	ETHNICITY	HISPANIC OR LATINO ORIGI	N: LEVEL (OF EDUCATION	MARITAL STATUS:			
		☐ YES ☐ NO			DIVORCED	LEGALI	Y SEPARATED	
		UNKNOWN			MARRIED	☐ NEVER	MARRIED WIDOWED	
OCCUPATION	EMPLOYER'S	SADDRESS			PRIMARY INCOME:			
					EARNINGS		MILITARY	
					PUBLIC ASSISTA	NCE	SOCIAL SECURITY	
WORK TELEPHONE	CELL TELEPHONE NUMBER			. INCOME	_		MULTIPLE SOURCES	
()	()		\$		ssi		OTHER INCOME	
							- OTTEN INCOME	
Please list your job ex	periences	for the past ten years.	Start with	your most r	ecent employme	nt.		
PERIOD OF EMPLOYMENT JOB TITLE				REASON FOR LEAVING				
FROM TO								
1 1 1								
1 1 1 1								
APPLICANT 2								
LAST NAME		FIRST NAME	MIDDLE NAME	<u> </u>	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER	
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DRIVER LICENSE NO.	ETHNICITY HISPANIC OR LATINO ORIGIN:		N: LEVEL C	F EDUCATION	MARITAL STATUS: DIVORCED		Y SEPARATED	
		□ UNKNOWN			MARRIED	☐ NEVER	_	
OCCUPATION	EMPLOYER'S				PRIMARY INCOME:		WIANTIED WIDOWED	
					EARNINGS		☐ MILITARY	
WORK TELEPHONE	CELL TELEP	HONE NUMBER	ANNUAL	INCOME	PUBLIC ASSISTA		SOCIAL SECURITY	
()	()		\$		SUPPORT PAYME	:NTS	MULTIPLE SOURCES	
,	,		Ψ		SSI		OTHER INCOME	
B			0, , ,,					
		for the past ten years.	Start with	your most r	ecent employme	nt.		
PERIOD OF EMPLOYMENT JOB TITLE				REASON FOR LEAVING				
FROM TO								
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SINGLE/BOTH APPLICANT(S) HOME TELEPHONE NUMBER HOME ADDRESS CITY COUNTY ZIP CODE MAILING ADDRESS CITY COUNTY ZIP CODE DATE OF CURRENT MARRIAGE PLACE OF MARRIAGE (CITY AND STATE) COUNTY Marriage Date & Place Names of Former Divorce Death Former Date & Place Date & Place Marriages **Spouses** Applicant 1 Applicant 2 II. CRIMINAL HISTORY A. Have you ever been arrested for an offense other than a minor traffic infraction? Applicant 2 **Applicant 1** YES ☐ NO ☐ YES ☐ NO B. Have you ever been reported to Children's Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment? ☐ YES ☐ NO YES □ NO **Applicant 1** Applicant 2 III. PARENT/CHILD RELATIONSHIPS MINOR CHILDREN OF APPLICANT(S) Do you Relationship Date Lives financially Gender (Indicate if of **Full Name** in **Address** support the adopted) **Birth** Home child? **ADULT CHILDREN OF APPLICANT(S)** Date Relationship Do you Lives financially Gender of (Indicate if **Full Name** in **Address** support the **Birth** adopted) Home child? IV. OTHER PERSON'S IN THE HOME **Full Name** Date of Birth **Relationship to Applicants**

V. REFERENCES

Please list the names and address of four individuals, at least two must be unrelated to you, who have knowledge of your home environment, lifestyle and capability to be an adoptive parent.

Name		Telephone No.	Ma	ailing Address					
		VI. CHILD DESI	RED						
A. Please describe the characteristics, such as age and gender.									
t. Theade describe the characteristics, such as age and gender.									
B. Would you accept a sibling group?	If so, how r	many?							
☐ YES ☐ NO How ma	any?								
C. If you already have identified a child	d or children	for adoption pleas	e provide the following in	nformation:					
C. If you already have identified a child			-		Relationship to				
C. If you already have identified a child Full Name of Child	Date of Birth	for adoption pleas County of Dependency	e provide the following in	formation: Telephone Number	Relationship to Child				
	Date of	County of	-	Telephone					
	Date of	County of	-	Telephone					
	Date of	County of	-	Telephone					
	Date of	County of	-	Telephone					
	Date of Birth	County of Dependency	Name of Child's Worker	Telephone Number					
Full Name of Child D. Is the child or children already place	Date of Birth	County of Dependency ome? \(\sum \text{YES}	Name of Child's Worker	Telephone Number					
Full Name of Child	Date of Birth	County of Dependency ome? \(\sum \text{YES}	Name of Child's Worker	Telephone Number					
D. Is the child or children already place I/We affirm that the information provided In signing this application, I/we understa	Date of Birth ed in your had on this for and that the	County of Dependency ome? YES m is true and correction of routi	Name of Child's Worker NO If YES, ho	Telephone Number ow long knowledge. of my/our refe	rences, physician,				
D. Is the child or children already place I/We affirm that the information provided In signing this application, I/we understa	Date of Birth ed in your had on this for and that the	County of Dependency ome? YES m is true and correction of routi	Name of Child's Worker NO If YES, ho	Telephone Number ow long knowledge. of my/our refe	rences, physician,				
D. Is the child or children already place	Date of Birth ed in your had on this for and that the	County of Dependency ome? YES m is true and correction of routi	Name of Child's Worker NO If YES, ho	Telephone Number ow long knowledge. of my/our refe	rences, physician,				
D. Is the child or children already place I/We affirm that the information provided In signing this application, I/we understa and employer and that my/our financial	Date of Birth ed in your had on this for and that the	County of Dependency ome? YES m is true and correction of routi	Name of Child's Worker NO If YES, ho	Telephone Number Dw long knowledge. of my/our referound check w	rences, physician,				